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lmage# 202304059579725127

FEC FORM 2

STATEMENT OF CANDIDACY

| 1. | (a) Name of Candidate (in full) | | | | | | | | | | | |
|---|---|---|-----------|------------|------------------|--|------------|---------|---------|--------|-----------|--|
| | Horan, Donald, , , (b) Address (number and street) | ☐ Check if address changed | | | | 2. Candidate's FEC Identification Number | | | | | | |
| | P.O. Box 2261 | ☐ Check if address changed | | | | S4FL00538 | | | | | | |
| | (c) City, State, and ZIP Code | | | | | 3. Is This | | New | | П | Amended | |
| | Fort Lauderdale | | FL | 33303 | | Staten | | (N) | OR | Ш | (A) | |
| 4. | Party Affiliation | 5. Office Sought | | | 6. State & Distr | | date | | | | | |
| | DEMOCRATIC PARTY | Senate | | | FL | 00 | | | | | | |
| | DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | | | | |
| 7. | I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) | | | | | | | | | | | |
| | NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | | |
| COME TOGETHER WITH DON HORAN | | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | | |
| | PO BOX 2261 | | | | | | | | | | | |
| | (c) City, State, and ZIP Code | | | | | | | | | | | |
| | FORT LAUDERDALE | | | | FL | 33303 | 3 | | | | | |
| | | | | | | | | | | | | |
| | DE | SIGNATION OF | OTHE | R AUT | HORIZED | COMMIT | TEES | | | | | |
| (Including Joint Fundraising Representatives) | | | | | | | | | | | | |
| 8. | I hereby authorize the following nar | ned committee, which is | NOT m | / principa | l campaign com | nmittee, to re | ceive and | expen | d funds | on beh | alf of my | |
| | candidacy. | , | , | pp | | | | | | | | |
| | NOTE: This designation should be | filed with the principal ca | ampaign | committe | e. | | | | | | | |
| | | | | | | | | | | | | |
| | (a) Name of Committee (in full) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (b) Address (number and street) | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (c) City, State, and ZIP Code | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | I certify that I have exa | nmined this Statement a | nd to the | best of r | ny knowledge al | nd belief it is | true, corr | ect and | comple | ete. | | |
| Si | gnature of Candidate | | | | | Date | | | | | | |
| Horan, Donald, , , Jr [Electronically Filed] | | | | | | 04/05/2023 | | | | | | |
| | | | | LEICCH | omeany I wear | | | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | | | | | |
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FEC FORM 2 (REV. 02/2009)